

THE MODERN DIAGNOSIS AND TREATMENT OF SYPHILIS

REEL I.

©CLM 1785C * * * * *

1. Title

The American Social Hygiene Association

presents

The Modern Diagnosis and Treatment of Syphilis

2. Sub-title

REEL I.

3. Sub-title

Secure a copy of "A Manual of Treatment of the Venereal Diseases."

4. Scene

Booklet ----- hand turning pages.

5. Sub-title

Copies may be obtained from your State Board of Health or the United States Public Health Service, Washington, D.C.

6. Sub-title

DIAGNOSIS - primary stage. The early diagnosis of syphilis is important so that treatment may be instituted as promptly as possible.

7. Sub-title

Characteristic chancres -- usually single -- may be located anywhere -- regular in outline -- indurated border -- not very painful.

8. Scene

Genital chancre.

9. Scene

Genital chancre.

10. Scene

Chancre on upper lip.

11. Sub-title

Chancroids -- occur usually in coronal sulcus -- frequently multiple - pus discharging ulcer -- undermined edges - tendency to spread rapidly.

12. Scene

Ulcerating chancroid.

13. Sub-title

Chancroid and bubo.

14. Scene

Chancroid and bubo.

15. Sub-title

Mixed sores. All genital sores should be kept under careful observation until syphilis has been excluded.

16. Scene

Chancre and chancroid infection.

17. Sub-title

Herpes genitalis are not frequent, but confusing when they do occur.

18. Scene

Herpes genitalis.

19. Sub-title

Living spirochaetes may be discovered in the primary lesion.

20. Sub-title

Making the smear.

21. Scene

Making smear from genital chancre.

22. Sub-title

If facilities for examining the fresh specimen are not available, it should be dried, fixed and sent to the State laboratory.

23. Scene

Previous scene continued.

24. Sub-title

When the secretion is scant, serum may be obtained from the inguinal gland by means of the hypodermic needle.

25. Scene

Obtaining serum from inguinal gland -- Cut-in close-up bottle of iodine solution.

26. Animated diagram

Securing serum from inguinal gland.

27. Sub-title

Living spirochaetes may be seen only by indirect lighting which is accomplished by means of the dark stage microscope.

28. Scene

Technician arranging dark stage microscope.

29. Sub-title

Optical principles governing mechanism of dark stage microscope.

30. Animated diagram

Dark stage microscope.

31. Sub-title

Actual photograph of spirochaeta pallida.

32. Scene

Spirochaeta pallida.

33. Sub-title

The spirochaeta refringens which is not pathogenic is sometimes confused with the spirochaeta pallida.

34. Animated diagram

Spirochaeta refringens.

35. Sub-title

The finding of spirochaeta pallida in a suspicious sore is pathognomonic -- and calls for prompt anti-syphilitic treatment.

36. Sub-title

The general physical examination should include mouth, eyes, nose, central nervous system, cardio-vascular system and the skin. A careful urinalysis should also be made.

37. Scene

Physician examining patient with stethoscope.

38. Sub-title

Diagnosis secondary stage.

39. Sub-title

The rash may be of several varieties and may simulate almost every known cutaneous eruption.

40. Sub-title

Macular eruption.

41. Scene

Macular eruption.

42. Sub-title

Papular eruption.

43. Scene

Papular eruption.

44. Sub-title

Annular eruption.

45. Scene

Annular eruption.

46. Sub-title

Ulcerous eruption.

47. Scene

Ulcerous eruption.

48. Sub-title

The kidneys are frequently involved in the secondary stage. Examine the urine.

49. Sub-title

The Wassermann test is usually negative during the primary and the early secondary stage.

50. Sub-title

Taking blood for Wassermann Test.

51. Sub-title

Sometimes it is difficult to obtain a free flow of blood into the test tube. In such cases the suction syringe may be employed.

52. Scene

Taking blood for Wassermann test with syringe.

REEL II

53. Sub-title

Reel II.

54. Sub-title

Making the test.

55. Scene

Technician making Wassermann test.

56. Sub-title

The serum is separated from the blood by centrifuge.

57. Scene

Technician making Wassermann test (continued).

58. Sub-title

The reagents.

59. Sub-title

Complement - serum from normal guinea pig.

60. Scene

Wassermann test continued.

61. Sub-title

Antigen -- alcoholic extract of beef heart.

62. Scene

Wassermann test continued.

63. Sub-title

Blood corpuscles -- from sheep.

64. Scene

Wassermann test continued.

65. Sub-title

Amboceptor - rabbit's serum immunized against sheep's blood cells.

66. Scene

Wassermann test continued.

67. Sub-title

The test.

68. Sub-title

Three specimens are tested — the unknown, the known positive, the known negative. An antigen control is also made. Each of these is again doubly controlled, requiring a total of 12 test tubes.

69. Sub-title

Complement is diluted, then added.

70. Scene

Wassermann test continued.

71. Sub-title

Antigen is added.

72. Scene

Wassermann test continued.

73. Sub-title

Salt solution is added to equalize quantity.

74. Scene

Wassermann test continued.

75. Sub-title

Incubation for 15 minutes.

76. Scene

Wassermann test continued.

77. Sub-title

Blood corpuscles and amboceptor are mixed then added.

78. Scene

Wassermann test continued.

79. Sub-title

Second incubation of 15 minutes.

80. Scene

Wassermann test continued.

81. Sub-title

The test depends upon the laking of blood corpuscles. Syphilitic serum prevents laking, hence solution will be cloudy.

82. Sub-title

Specimen tested -- (positive.)

83. Scene

Close-up of test tubes.

84. Sub-title

Known positive.

85. Scene

Close-up of test tubes.

86. Sub-title

Known negative.

87. Scene

Close-up of test tubes.

88. Sub-title

Antigen control.

89. Scene

Close-up of test tubes.

90. Sub-title

The central nervous system is involved in about 35% of untreated secondaries. Such cases call for exceedingly cautious treatment. (Examination of spinal fluid described under tertiary stage.)

91. Sub-title

It is advisable to make Wassermann tests of the spinal fluid during the secondary stage.

92. Sub-title

Diagnosis -- tertiary stage. Characterized by slow inflammatory infiltration -- tendency to destructive changes -- involving any tissue of the body.

93. Sub-title

Gumma of upper lip and cheek.

94. Scene

Gumma of upper lip and cheek.

95. Sub-title

Syphilitic leg ulcer.

96. Scene

Syphilitic leg ulcer.

97. Sub-title

Gumma of nose.

98. Scene

Gumma of nose.

99. Sub-title

Gummatous glands (congenital syphilis)

100. Scene

Gummatous glands (congenital syphilis)

101. Sub-title

Saddle nose, eroded palate and syphilitic teeth.

102. Scene

Saddle nose, eroded palate and syphilitic teeth.

103. Sub-title

Gumma nose and eroded palate (congenital syphilis.)

104. Scene

Gumma nose and eroded palate (congenital syphilis).

105. Sub-title

Blood vessels are favorite prey of syphilis.

105 A. Sub-title

Mechanism of aneurysm formation.

106. Animated diagram.

Formation of aneurysm.

107. Sub-title

Syphilis is a frequent cause of rupture of cerebral vessels, resulting in hemiplegia.

108. Scene

Young sailor with hemiplegia.

109. Sub-title

Syphilitic iritis and keratitis.

110. Scene

Syphilitic iritis and keratitis.

111. Sub-title

Optic nerve involvement.

112. Scene

Blind girl with nurse.

113. Sub-title

Tabies dorsalis.

114. Scene

Patients in hospital yard. A tabetic rises and steps forward.

115. Scene

Tabetic with cane.

116. Sub-title

Paresis.

117. Scene

4 paretics — 2 paretics — 2 step forward.

118. Scene

Young Paretic in hilarious stage.

119. Sub-title

Many cases of syphilis are overlooked because of the absence of external lesions.

120. Sub-title

In the later stages of syphilis the Wassermann test should be applied to the spinal fluid. A positive reaction indicates a syphilitic involvement of the meninges.

121. Sub-title

Making spinal puncture.

122. Scene

Doctor arranging patient on table.

123. Animated diagram

Sagittal section of trunk showing entrance of needle.

124. Scene

Doctor preparing patient for puncture.

125. Animated diagram

Showing location of puncture.

126. Scene

Doctor making spinal puncture.

127. Sub-title

In cases suspected of central nervous involvement spinal fluid should be examined microscopically and chemically.

128. Scene

Technician making cell count.

129. Sub-title

All counts over ten are considered abnormal.

130. Sub-title

Globulin tests of spinal fluid often clear up the diagnosis.

131. Sub-title

Pandy's test is simple and delicate.

132. Scene

Technician making Pandy's test.

133. Sub-title

The Leutin test is not to be relied upon. The provocative Wassermann test is of doubtful value.

REEL III.

134. Sub-title

Reel III.

135. Sub-title

Treatment should begin as soon as the diagnosis has been made.

136. Sub-title

In the primary stage calomel ointment, 30%, is applied twice daily.

137. Scene

Doctor giving directions to patient.

138. Sub-title

Vigorous general treatment should also be begun, provided the diagnosis is certain.

139. Sub-title

Administration of arsphenamine gravity method. (The terms arsphenamine and neocarsphenamine are used to class names for the arsenical products formerly called salvarsan and neosalvarsan.)

140. Scene

Operator removing instruments from sterilizer -- panoramic view of two cell gravity apparatus -- operator making up solution, close-up of bottle containing 15% solution sodium hydroxide -- operator pours arsphenamine solution into cylinder -- operator pours saline into other cylinder.

141. Sub-title

The needle is inserted directly into the vein.

142. Scene

Operator adjusts tourniquet -- patient opens and closes hand. Operator cleans area -- close-up bottle of alcohol -- operator inserts needle. Operator removes tourniquet -- operator attached rubber tube on needle.

143. Sub-title

The solution should be allowed to enter slowly.

144. Animated diagram (complete)

Administration of arsphenamine.

145. Sub-title

Some operators prefer the single container.

146. Scene

Panoramic view of single celled apparatus.

147. Sub-title

Neocarsphenamine is readily soluble and requires no neutralization. It may be given in concentrated solution with the hypodermic syringe.

148. Sub-title

Mercurial injection should supplement the arsenical treatment.

149. Sub-title

Intramuscular injection of gray oil.

150. Sub-title

The upper outer quadrant of the gluteal region is selected as the site of puncture.

151. Scene

Intramuscular injection of gray oil.

152. Animated diagram

Cut section of gluteal region showing entrance of needle.

153. Scene

Intramuscular injection of gray oil continued.

154. Sub-title

In the later stages of syphilis potassium iodide given by mouth is valuable.

155. Sub-title

A Wassermann test of both blood and spinal fluid should be made before the patient is discharged as cured.

156. Sub-title

A standardized schedule of treatment is included in the manual previously shown.

157. Scene

Pages of book being turned by hand.

158. Sub-title

In dispensaries for the treatment of syphilis a follow-up system for holding patients and for discovery of syphilis in other members of the family is an essential.

159. Scene

Social worker leaving door of hospital.

160. Scene

Close-up of social worker's card.

161. Sub-title

Information concerning the cause and methods of spread of syphilis should be disseminated through dispensaries.

162. Scene

Group of patients on bench. Close-up of dispensary placards. Patient reading them. Close-up of booklet rack -- patient selecting one -- doctor consulting patient.

163. Sub-title

The private practitioner can follow similar methods to a limited extent.

164. Sub-title

The patient must be told the truth about his condition, warned as to the dangers if treatment is neglected, cautioned lest the infection be transmitted to others, and encouraged to get well.

165. Scene

Card headed "The American Plan," handwriting, etc.

166. Sub-title

Get into the fight. Ammunition and help will be cheerfully furnished by the

American Social Hygiene Association,
105 West Fortieth Street,
New York City.

167. Sub-title

The End.

T.
11/3/20
6-c.

This document is from the Library of Congress
“Motion Picture Copyright Descriptions Collection,
1912-1977”

Collections Summary:

The Motion Picture Copyright Descriptions Collection, Class L and Class M, consists of forms, abstracts, plot summaries, dialogue and continuity scripts, press kits, publicity and other material, submitted for the purpose of enabling descriptive cataloging for motion picture photoplays registered with the United States Copyright Office under Class L and Class M from 1912-1977.

Class L Finding Aid:

<https://hdl.loc.gov/loc.mbrsmi/eadmbrsmi.mi020004>

Class M Finding Aid:

<https://hdl.loc.gov/loc.mbrsmi/eadmbrsmi.mi021002>



National Audio-Visual Conservation Center
The Library of Congress